South Carolina Department of Health & Environmental Control December 3, 2013 Division of Health Licensing

County: Greenwood Facility Type: Adult Day Care Facility Name County/Ownership Type Licensed Location Street Mailing/Billing Address Location City, State Licensee Administrator/Phone License Nbr/Expiration Date GREENWOOD ACTIVE DAY CENTER Greenwood / Corporation 228 N CREEK BLVD 6 NESHAMINY INTERPLEX STE 401 GREENWOOD, SC 29649-9006 FAC.#:864-388-0045 FEASTERVILLE TREVOSE, PA 19053 ACTIVE SC ONE INC MARS, AMY PH#: 864-388-0045 Facility Email: AMARS@ACTIVEDAY.COM ADC-0123 / 10/31/2014

> Number of Participants: 60

Totals For Facility/License Type: Adult Day Care Number of Activities/Facilities licensed: 1 Number Licensed Units: 60

1

Units

Facility	Type:	Ambulatory	Surgery
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Number of Activities/Facilities licensed: 2

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensed Licensee Units License Nbr/Expiration Date
GREENWOOD ENDOSCOPY CENTER	Greenwood / Corporation 4
103 LINER DR	103 LINER DR
GREENWOOD, SC 29646-2311 FAC.#:864-227-3838	GREENWOOD, SC 29649-2311
RAMAGE III, ALBERT A PH#: 864-227-3838	GREENWOOD ENDOSCOPY CENTER INC
Facility Email: TINA.PONDER@GMAIL.COM	ASF-0022 / 05/31/2014
Operating Rooms: 0 Procedure Roo	oms: 0 Endoscopy Rooms: 4
SURGERY CENTER AT SELF MEMORIAL HOSPITAL	Greenwood / Ltd. Liability 5
101 ACADEMY AVE	101 ACADEMY AVE
GREENWOOD, SC 29646-3869 FAC.#:864-725-7500	GREENWOOD, SC 29646-3869
HINRICHS, CAROL A PH#: 864-725-7500	SURGERY CENTER AT SELF MEMORIAL HOSPITAL LLC
Facility Email: CAROLHINRICHS@TOSCGREENWOOD.COM	ASF-0055 / 05/31/2014
Operating Rooms: 5 Procedure Rooms	oms: 0 Endoscopy Rooms: 0
Totals For Facility/License Type: Ambulatory Su	rgery

2

Number Licensed Units: 9

Facility Name Location Street Location City, State Administrator/Phone		nsed its	
ASHLEY HOUSE	Greenwood / Corporation	44	
526 HALTIWANGER RD	526 HALTIWANGER RD		
GREENWOOD, SC 29649-1799 FAC.#:864-943-1933	GREENWOOD, SC 29649-1799		
MOORE, BRENT PH#:	CYPRESS AID OPCO LLC		
Facility Email: RMOORE@ALCCO.COM	CRC-1404 / 07/31/2014		
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0		
Certifications:None			
BAYBERRY OF GREENWOOD	Greenwood / Limited Liability	23	
116 ABBEY DR	limited <sub>E</sub> Pattnership		
GREENWOOD, SC 29649-8536 FAC.#:864-223-6510	GREENWOOD, SC 29649-8536		
GAMBRELL, CATHY B PH#: 864-223-6510	EVERGREEN VILLAGES LIMITED PARTNERSHIP		
Facility Email: THEBAYBERRY@NCTV.COM	CRC-0589 / 05/31/2014		
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0		
Certifications:None			
EMERALD GARDENS OF GREENWOOD	Greenwood / Ltd. Liability	66	
201 OVERLAND DR	201 OVERLAND DR		
GREENWOOD, SC 29646-4097 FAC.#:864-953-2174	GREENWOOD, SC 29646-4097		
PATTERSON, MICHAEL L PH#: 864-953-2174	EMERALD GARDENS OF GREENWOOD LLC		
Facility Email: MPATTERSON@PREMIERSL.COM	CRC-1378 / 10/31/2013 (Renewal Pending)		
Alzheimer Care:Yes Max # Resident:16	Alzheimer Unit: Yes Max # Beds: 16		
Certifications:None			
MORNINGSIDE OF GREENWOOD	Greenwood / Limited Liability LiwitafeRaktberahip	49	
116 ENTERPRISE CT			
GREENWOOD, SC 29649-1666 FAC.#:864-388-9433 PH#:	GREENWOOD, SC 29649-1666  MORNINGSIDE OF GREENWOOD LP		
Facility Email: KAMERSON@5SQC.COM	CRC-1088 / 04/30/2014		
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0		
Certifications:None			
STERLING HOUSE OF GREENWOOD	Greenwood / Corporation	52	
1408 PKWY RD	1408 PKWY		
GREENWOOD, SC 29646-4043 FAC.#:864-223-2281	GREENWOOD, SC 29646-4043		
PH#:	BROOKDALE SENIOR LIVING COMMUNITIES INC		
Facility Email: SHGREENWOOD@BROOKDALELIVING.COM	CRC-1309 / 12/31/2013		
Alzheimer Care:Yes Max # Resident:52	Alzheimer Unit: No Max # Beds: 0		
Alzheimer care. les Max # Residenc. 52			

Certifications:None

Facility Type: Community Residential Care Facility	Facility	Type:	Community	Residential	Care	Facility
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Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
WARE SHOALS MANOR	Greenwood / Ltd. Liability	24
10 N GREENWOOD AVE	483 LOCKHART LN	
WARE SHOALS, SC 29692-1239 FAC.#:864-456-7127	GAFFNEY, SC 29341-2841	
OBI-MELEKWE, BERNICE O PH#: 864-456-7127	HARMONY RESIDENTIAL CARE CENTER LLC	
Facility Email: OSKARMANI@AOL.COM	CRC-1457 / 10/31/2014	
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
WESLEY COMMONS ASSISTED LIVING FACILITY & SPECIAL	Greenwood / Non-Profit Corporation	56
CARE HOUSE 1110 MARSHALL RD	1110 MARSHALL RD	
	GREENWOOD, SC 29646-4299	
GREENWOOD, SC 29646-4299 FAC.#:864-227-7480	WESLEY COMMONS	
HOLMES, KIMBERLY K PH#: 864-227-7250	CRC-1218 / 08/31/2014	
Facility Email: KHOLMES@WESLEYCOMMONS.ORG	,,, <b></b>	
Alzheimer Care:Yes Max # Resident:12	Alzheimer Unit: Yes Max # Beds: 12	

Totals For Facility/License Type: Community Residential Care Facil:	ity
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Number of Activities/Facilities licensed: 7 Number Licensed Units: 314

Facility Type: <u>Habilitation R15</u>

Facility Name County/Ownership Type Location Street Mailing/Billing Address Licensed Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date HENRY & FREIDA BONDS HABILITATION CENTER Greenwood / State 310 JENKINS SPRING RD PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS GREENWOOD, SC 29646-8617 FAC.#:864-942-8900 COLUMBIA, SC 29240-4706 MCGRIER, TAKIA N PH#: 864-942-8942 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS Facility Email: JBURTON@BURTONCENTER.ORG MR15-0111 / 08/31/2014 J FELTON BURTON COMMUNITY RESIDENCE 8 Greenwood / State 308 JENKINS SPRING RD PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS GREENWOOD, SC 29646-8617 FAC.#:864-942-8947 COLUMBIA, SC 29240-4706 MCGRIER, TAKIA N PH#: 864-942-8943 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS Facility Email: JBURTON@BURTONCENTER.ORG MR15-0072 / 05/31/2014

Totals For Facility/License Type: Habili	itation R15			
Number of Activities/Facilities licensed:	2	Number Licensed U	nits: <u>1</u>	<u>6</u>

408 W ALEXANDER AVE

Facility Type: Home Health

Facility Name County/Ownership Type Location Street Mailing/Billing Address Licensed Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date

408 W ALEXANDER AVE

Limited Partnership

HOME CARE OF HOSPICECARE OF THE PIEDMONT Greenwood / Corporation

GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 GREENWOOD, SC 29646-4031

HOME CARE OF HOSPICECARE OF THE PIEDMONT INC CORLEY RN, NANCY B PH#: 864-227-9393

Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG HHA-0134 / 09/30/2014

Counties Served: Abbeville, Greenwood, Laurens, McCormick, Saluda

License Restrictions: FOR THE TERMINALLY ILL ONLY

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y

Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment Y

Other: SKILLED NURSING, SPIRITUAL COUNSELING

HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE Greenwood / Non-Profit Corporation

303 W ALEXANDER AVE STE A 1325 SPRING ST

GREENWOOD, SC 29646-4046 FAC.#:864-725-7600 GREENWOOD, SC 29646-3875 SELF MEMORIAL HOSPITAL INC WILSON, KENDRA D PH#: 864-725-7600

Facility Email: KWILSON@SELFREGIONAL.ORG HHA-0049 / 01/31/2014

Counties Served: Abbeville, Greenwood, Laurens, McCormick, Saluda

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y

Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other:

NHC HOMECARE-GREENWOOD Greenwood / Limited Liability

615 MAIN ST S

GREENWOOD, SC 29646-3245 FAC.#:864-229-9888 GREENWOOD, SC 29648-1708

NHC/OP LP HAMMERSMITH, MARY PH#: 864-229-9888

Facility Email: NHC@NHCHOMECAREGREENWOOD.COM HHA-0182 / 06/30/2014

Counties Served: Abbeville, Greenwood, McCormick, Newberry, Saluda

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y

Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other: DIETARY CONSULTATION

WESLEY COMMONS HOME HEALTH CARE Greenwood / Non-Profit Corporation

1110 MARSHALL RD 1110 MARSHALL RD

GREENWOOD, SC 29646-4299 FAC.#:864-227-7170 GREENWOOD, SC 29646-4299

HOLMES, KIM PH#: 864-227-7170 WESLEY COMMONS

Facility Email: KCADE@WESLEYCOMMONS.ORG HHA-0202 / 02/28/2014

Counties Served: Greenwood, Special Note - SERVING CAMPUS RESIDENTS ONLY

License Restrictions: SERVING CAMPUS RESIDENTS ONLY

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y

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Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment Y

Other:

County: Greenwood

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date

Licensed Units

Totals For Facility/License Type: Home Health			
Number of Activities/Facilities licensed:	4	Number Licensed Units:	<u> 16</u>

County: Greenwood

Facility Type: Hospice Facility

Facility Name County/Ownership Type Licensed Location Street Mailing/Billing Address Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date HOSPICE HOUSE OF HOSPICECARE OF THE PIEDMONT Greenwood / Non-Profit Corporation 15 408 W ALEXANDER AVE 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 GREENWOOD, SC 29646-4031 HOSPICECARE OF THE PIEDMONT INC CORLEY RN, NANCY B PH#: 864-227-9393 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG HPF-0002 / 05/31/2014

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Totals For Facility/License Type: Hospice Facility	
Number of Activities/Facilities licensed:1	Number Licensed Units: 15
Number of Activities/Facilities licensed:1	Number Licensed Units: 15

Number of Activities/Facilities licensed:

County: Greenwood Facility Type: Hospice Program Facility Name County/Ownership Type Licensed Location Street Mailing/Billing Address Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date HOSPICECARE OF THE PIEDMONT Greenwood / Non-Profit Corporation 7 408 W ALEXANDER AVE 408 W ALEXANDER AVE GREENWOOD, SC 29646-4031 FAC.#:864-227-9393 GREENWOOD, SC 29646-4031 HOSPICECARE OF THE PIEDMONT INC CORLEY RN, NANCY B PH#: 864-227-9393 Facility Email: NCORLEY@HOSPICEPIEDMONT.ORG HPC-0010 / 05/31/2014 Counties Served: Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, Saluda Totals For Facility/License Type: Hospice Program

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Number Licensed Units:

Facility Type: Hospital or Institutional General Infirmary

Facility Name County/Ownership Type Location Street Mailing/Billing Address Licensed Location City, State Licensee Units

Administrator/Phone License Nbr/Expiration Date

GREENWOOD REGIONAL REHABILITATION HOSPITAL Greenwood / Ltd. Liability 42

1530 PKWY 1530 PKWY

GREENWOOD, SC 29646-4027 FAC.#:864-330-1800 GREENWOOD, SC 29646-4027

TRAPNELL, KERRY PH#: 864-330-1800 GREENWOOD REGIONAL REHABILIATION HOSPITAL LLC

Facility Email: TRAPNELLK@ERNESTHEALTH.COM HTL-0903 / 10/31/2014

Licensed Beds: General: Substance Abuse: 0 Psychiatric: 0 Rehab: 42

Neonatal Special Care: 0 Other Beds : NICU: 0

Certifications: JCAHO Accredited

SELF REGIONAL HEALTHCARE Greenwood / County 414

1325 SPRING ST 1325 SPRING ST

GREENWOOD, SC 29646-3875 FAC.#:864-725-4111 GREENWOOD, SC 29646-3875

PFEIFFER, JAMES A PH#: 864-725-4111 GREENWOOD COUNTY HOSPITAL BOARD

Facility Email: CATHERINE.DEMMITT@SELFREGIONAL.ORG HTL-0038 / 12/31/2013

Licensed Beds: General: 354 Psychiatric: 36 Rehab: 0 Substance Abuse: 24

Other Beds : NICU: 7 Neonatal Special Care:

Certifications: Abortions, Trauma Center Level III, Perinatal Level III, JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number Licensed Units: Number of Activities/Facilities licensed: 2 456

Facility Type: Nursing Home

Facility Name County/Ownership Type
Location Street Mailing/Billing Address Licensed
Location City, State Licensee Units

Administrator/Phone License Nbr/Expiration Date

GREENWOOD TRANSITIONAL REHABILITATION UNIT Greenwood / Ltd. Liability 12

1530 PKWY 1530 PKWY

GREENWOOD, SC 29646-4027 FAC.#:864-330-1800 GREENWOOD, SC 29646-4027

FLEMING, SHERYL M PH#: 864-379-2554 GREENWOOD REGIONAL REHABILIATION HOSPITAL LLC

Facility Email: TRAPNELLK@ERNESTHEALTH.COM NCF-0944 / 10/31/2014

Licensed Beds: Nursing Home: 12 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

HEALTH CARE CENTER OF WESLEY COMMONS Greenwood / Non-Profit Corporation 102

1110 MARSHALL RD 1110 MARSHALL RD

GREENWOOD, SC 29646-4299 FAC.#:864-227-7250 GREENWOOD, SC 29646-4299

HOLMES, KIMBERLY K PH#: 864-227-7250 WESLEY COMMONS

Facility Email: KHOLMES@WESLEYCOMMONS.ORG NCF-0304 / 03/31/2014

Licensed Beds: Nursing Home: 102 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MAGNOLIA MANOR-GREENWOOD Greenwood / Ltd. Liability 88

1415 PKWY 1415 PKWY

GREENWOOD, SC 29646-4044 FAC.#:864-227-9500 GREENWOOD, SC 29646-4044

GOFORTH, EDITH C PH#: 864-227-9500 THI OF SOUTH CAROLINA AT GREENWOOD LLC

Facility Email: EDITH.GOFORTH@FUNDLTC.COM NCF-0866 / 08/31/2014

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

NHC HEALTHCARE GREENWOOD Greenwood / Ltd. Liability 152

437 CAMBRIDGE AVE E PO BOX 3109

GREENWOOD, SC 29646-2244 FAC.#:864-223-1950 GREENWOOD, SC 29648-3109 SELLARS, RICHARD A PH#: 864-223-1950 NHC HEALTHCARE/GREENWOOD LLC

Facility Email: RSELLARS@NHCGREENWOOD.COM NCF-0802 / 06/30/2014

Licensed Beds: Nursing Home: 152 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: \_\_\_\_\_4 Number Licensed Units: \_\_\_\_354

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South Carolina Department of Health & Environmental Control December 3, 2013 Division of Health Licensing

County: Greenwood

Facility Type: PSAD Outpatient

Facility Name County/Ownership Type Location Street Mailing/Billing Address Location City, State Licensee Administrator/Phone

Licensed Units

4

License Nbr/Expiration Date

CORNERSTONE

1612 RIVERS ST

GREENWOOD, SC 29649-8513 FAC.#:864-227-1001 MATTHEWS, DAVID D PH#: 864-227-1001

Facility Email: DMATTHEWS@CORNERSTONECARES.ORG

Greenwood / County

PO BOX 50209

GREENWOOD, SC 29649-0021

GREENWOOD-EDGEFIELD-MCCORMICK-ABBEVILLE COMMISSION

ON ALCOHOL AND DRUG ABUSE OTP-0029 / 09/30/2014

Certifications:None

Totals	For	Facility/License	Type:	PSAD	Outpatient

Number of Activities/Facilities licensed: \_\_\_\_\_1 Number Licensed Units:

County: Greenwood

Facility Type: Renal Dialysis

Facility Name
Location Street
Location City, State
Administrator/Phone

Mailing/Billing Address Licensee License Nbr/Expiration Date Licensed Units

41

GREENWOOD DIALYSIS

109 OVERLAND DR

GREENWOOD, SC 29646-4053 FAC.#:864-227-6011

GILBERT RN, LISA PH#: 864-227-6011

Facility Email: Not on File

Greenwood / Corporation

County/Ownership Type

5200 VIRGINIA WAY STE 400, LICENSING AND

CERTIFICATION

BRENTWOOD, TN 37027-7569
DVA HEALTHCARE RENAL CARE INC

ERD-0026 / 12/31/2014

Licensed Stations: Hemodialysis: 41 Peritoneal: 2

Totals For Facility/License Type: Renal Dialysis

Number of Activities/Facilities licensed: \_\_\_\_\_1 Number Licensed Units: \_\_\_\_41

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Facility Type: Tattoo Facility				
Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensed Licensee Units License Nbr/Expiration Date			
7 SINS TATTOO	Greenwood / Sole Proprietorship 3			
204 MONTAGUE AVE STE B	204 MONTAGUE AVE STE B			
GREENWOOD, SC 29649-1937 FAC.#:864-223-3583	GREENWOOD, SC 29649-1937			
BRANDT, KAREN L PH#: 864-223-3583	BRANDT, KAREN L			
Facility Email: SEVENSINSTATTOO@LIVE.COM	TF-0011 / 07/31/2014			
ON POINT INK	Greenwood / Sole Proprietorship 3			
1108 REYNOLDS AVE				
GREENWOOD, SC 29649-2736 FAC.#:864-450-0303				
LEE, CHRISTOPHER A PH#: 864-450-0303	LEE, CHRISTOPHER A			
Facility Email: SKINDEEPTATTOOSGWD@GMAIL.COM	TF-0160 / 10/31/2014			
SPLIT SICK INK	Greenwood / Sole Proprietorship 3			
3204 HWY 25 S STE C	3204 HWY 25 S STE C			
GREENWOOD, SC 29646-7783 FAC.#:864-953-8076	GREENWOOD, SC 29646-7783			
CASON, LEVI C PH#: 864-554-2751	CASON, LEVI C			
Facility Email: BENEATHTHEROSES@YAHOO.COM	TF-0078 / 09/30/2013 (Renewal Pending)			
TATTOO JOE'S	Greenwood / Corporation 2			
1716 BYPASS 72 NE STE A	1666 CALHOUN RD			
GREENWOOD, SC 29649-1692 FAC.#:864-538-4653	GREENWOOD, SC 29649-8907			
HASSLER, ERIC B PH#: 864-538-4653	TABOO ARTS INC			
Facility Email: DANNY@TATTOOJOES.NET	TF-0140 / 07/31/2014			
Totals For Facility/License Type: Tattoo Facil	ity			
Number of Activities/Facilities licensed:4 Number Licensed Units:1				
Number of Activities/Facilities licensed in count	y of Greenwood # Lics: 30  Number Licensed Units: 1,303			
Rep	port Totals			

Total Number of Activities/Facilities licensed \_\_\_\_\_30 Total Number Licensed Units: \_\_\_1,303